

CONNECTICUT COALITION OF ADVANCED PRACTICE NURSING

INSURANCE AND REAL ESTATE COMMITTEE

PUBLIC HEARING FEBRUARY 2, 2011

RAISED BILL No. 6306 AAC THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

Testimony of Lynn Rapsilber IN SUPPORT OF RAISED BILL No. 6306

Senator Crisco, Representative Megna, and members of the Committee

*Thank you for raising this bill and providing an opportunity to speak on an important issue affecting access to primary care.*

My name is Lynn Rapsilber MSN ANP-BC, an Advanced Practice Registered Nurse (APRN) and the current chair of the Connecticut Coalition of Advanced Practice Nurses. The Coalition strongly supports this bill as it addresses consumer access to care and reduces provider liability by credentialing and listing APRNs on insurance panels.

Currently, in CT some Insurance Co's credential APRNs. Two (2) major Co's do not, and NONE list in their Directories any APRN as practicing primary care. Therefore, all enrollees, who must use providers listed in the Directories, cannot find the primary care APRN. This seriously restricts access to a major provider of primary care in CT. It also, is a clear disincentive for APRN primary care providers to practice in CT. Nurse Practitioners (most primary care APRNs are certified Nurse Practitioners (NPs)) have actually closed their doors in CT because Ins. providers do not disclose to patients their existence. In CT primary care APRNs are not treated as a valuable primary care resource.

Interesting to note that early this year Highmark, a major not for profit health insurance company based in Pittsburgh, PA, announced it is accepting applications from Nurse Practitioners allowing them to sign up to be "Primary Care Practitioners". The current system, Dr. Carey Vinson, V.P. of quality and medical performance management, says is a relic of the HMO days. He also said that news that such a large insurer was reimbursing NPs as Primary Care Practitioners could help recruit NPs to PA from other states.

Provider liability is a real concern. APRNs who are not credentialed must use a credentialed physician for billing purposes. This creates a system that misplaces reports from labs, radiologists, hospitals etc. because these reports are too often sent to the physician who bills, who has nothing to do with care of that patient and no liability for the care of that patient. This causes major delays before the report is tracked and sent to the primary care APRN who has ordered the report. This is happening frequently all across the state. It occurs because the entity wants to get paid and assumes it will be paid only if the report goes to one billing rather than the provider of care. I know of many, many such stories, some very serious. It is embarrassing to me that our "system" allows this, actually accepts this as the best we can provide. As a provider, I have a moral and legal obligation to provide good and timely care. My license says I can do this, but in effect, the insurance system says I cannot.

Lastly, there has been discussion about reimbursing by "pay for performance". This looks at outcome measure as a way to reward providers for meeting patient goals. Often APRN data today is being credited to the billing physician.

When APRNs are not credentialed there is no tracking their outcomes.

Thank you, and I would welcome any questions.